

# NEXT STEPS to DISCHARGE



**Veterans Name:** \_\_\_\_\_

**Room Number:** \_\_\_\_\_

**Room Phone:** \_\_\_\_\_

This booklet gives you an overview of your journey from hospitalization through discharge. Our goal is to keep you informed and help you best prepare for your discharge from the hospital.

# TAKE YOUR “MOBILITY MEDICINE”



## Get out of bed as soon as you can, as much as you can. Why?

- Moving keeps your muscles and bones strong -  
*“If you don’t move it, you’ll lose it!”*
- You will be less likely to fall.
- You will be less likely to get pneumonia, bed sores, or blood clots in your legs or lungs.
- Moving elevates your mood and keeps your mind sharp.
- Look for posters with your mobility level and track how often you move. We have equipment to help you move safely based on how much you can do by yourself.

## Things you can do to get better (and go home) faster:

- ☐ Move every day, with help if you need
- ☐ Sit in the chair or at the edge of the bed to eat
- ☐ Get up and walk to the bathroom



# PATIENT CARE TEAM DISCHARGE CHECKLIST



## CASE MANAGER

NAME: \_\_\_\_\_

- ☐ Coordinated orders and consults
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_



## PROVIDER

NAME: \_\_\_\_\_

- ☐ Conducted consultation
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_



## REGISTERED NURSE

NAME: \_\_\_\_\_

- ☐ Provided home supplies
- ☐ Reviewed discharge instructions
- ☐ Provided educational materials
- ☐ Confirmed Veteran has received meal(s)
- ☐ Confirmed Veteran has gathered all personal belongings
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_



## PHARMACIST

NAME: \_\_\_\_\_

- ☐ Specialized counseling
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_



## SPECIALTY SERVICES

Service type (PT/OT/KT/ST/DT) \_\_\_\_\_ Initials \_\_\_\_\_

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_



## SOCIAL WORKER

NAME: \_\_\_\_\_

- ☐ Identified home care services
- ☐ Confirmed home conditions and environments
- ☐ Confirmed patient transportation needs
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_



## OTHER

Task \_\_\_\_\_ Initials \_\_\_\_\_

- ☐ Obtained phone number for follow up \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**ESTIMATED INPATIENT STAY/DISCHARGE WINDOW**

# **YOUR PATIENT RIGHTS \***

As a patient at the Southern Arizona VA Health Care System (SAVAHCS) you have a right to:

- Nondiscrimination, dignity, and respect in your health care
- Health information privacy
- Involvement in your care and treatment
- Have your concerns or complaints addressed without fear of retaliation
- Receive information in your preferred language
- Make advanced treatment decisions by stating or writing an Advanced Directive, Living Will or Medical Power of Attorney for Health Care
- Participate or refuse to participate in research projects
- Access to your electronic health record
- A safe and healing physical environment
- Receive a copy of your Patient Rights and Responsibilities (available in audio tape for the visually impaired)

## **YOUR PATIENT RESPONSIBILITIES**

As a patient you are expected to:

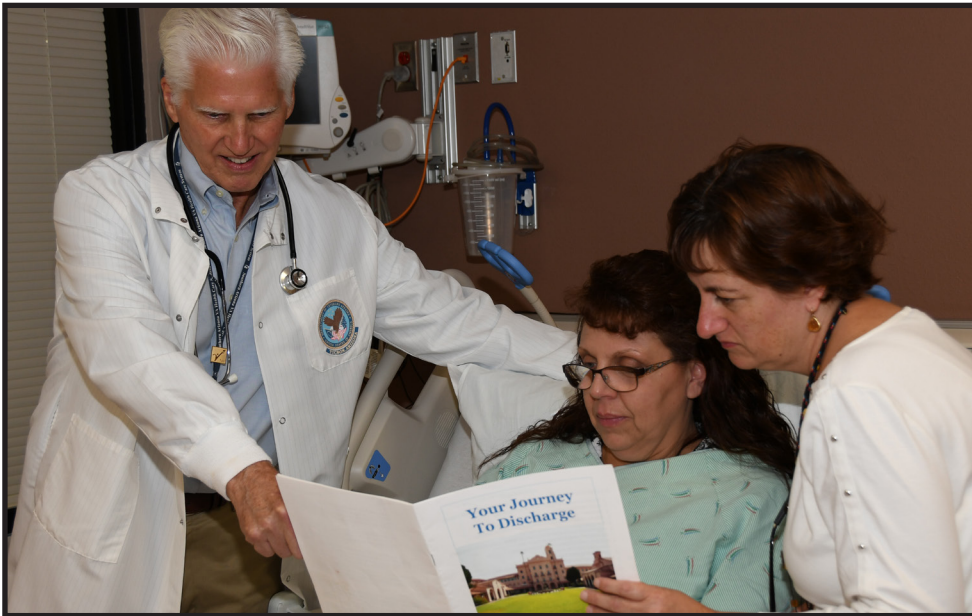
- Be considerate and respectful of other patients and staff
- Follow SAVAHCS rules and regulations
- Try to prevent injury to yourself and other patients, staff, and visitors
- Not interfere with the treatment of other patients
- Help other patients who need it by telling the staff
- Remind friends and family who are with you to be respectful of other patients and staff and to follow SAVAHCS rules and regulations
- Participate in your treatment and discharge plans by cooperating and asking your treatment team questions when there is something that you do not understand
- Know about your medications, other treatments, and appointments
- Keep all appointment and let staff know when you're leaving a treatment area or plan to cancel an appointment

If you feel your Patient Rights have been disregarded or violated, please speak with the Nurse Manager on your unit. If your concerns are not addressed to your satisfaction you may call the Patient Advocate office at ext. 4993.

\* A non-summarized copy of Patient Rights and Responsibilities is available with each unit front desk.

# WELCOME TO THE HOSPITAL

1



When you are admitted, we work with you to evaluate your needs and determine how we can help you.

Hospital stays can be confusing. Below are some questions to ask staff to better understand your diagnosis and treatment. Use the notes section to capture information and to write additional questions during your stay.

- ☐ Please explain my healthcare issues.
- ☐ What do I need to do?
- ☐ Why is it important for me to do this?
- ☐ Make sure you have any equipment needed for activities of daily living/ambulation.

## NOTES | GOALS | QUESTIONS



**NEXT STEPS to DISCHARGE**



# TREATMENT, ONGOING ASSESSMENT AND CARE

## 2



We focus on your care and are here to support you throughout your care plan.

You will receive treatment, which may include: medical tests or procedures, specialist consults, administration of medication, or observation.

Below are items to help you during your stay.

- 
- ☐ Discuss your care plan with your Care Team
  - ☐ Review provided educational or training materials
  - ☐ Begin to arrange your transportation from the hospital in preparation for discharge

## NOTES | GOALS | QUESTIONS



**NEXT STEPS to DISCHARGE**



# DISCUSSING YOUR PLAN FOR DISCHARGE

## 3



We talk about your needs to ensure you are prepared for your day of discharge.

A member of your Care Team will let you know when your estimated discharge is being planned.

A physician or nurse will provide the medical information you need. A social worker will provide information and support around your travel and arrival to your next place of care.

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- ☐ Discuss your next location or home setting with your Care Team
- ☐ Learn your estimated day and time of discharge

## NOTES | GOALS | QUESTIONS



**NEXT STEPS to DISCHARGE**

# YOUR DAY OF DISCHARGE

## 4



You complete a series of activities in order to be discharged (which may take several hours.)

Your Provider will clear you for going to your next place of care. A member of your Care Team will come to discuss your discharge instructions and provide support to ensure you are prepared to go home safely.

Activities may include but are not limited to: final tests, consults, training or use of the restroom.

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- ☐ Complete Your Discharge Preparedness Checklist
- ☐ Schedule follow-up appointments
- ☐ Obtain your medication and supplies

# YOUR DISCHARGE PREPAREDNESS CHECKLIST



**Please inform your Care Team if you have questions about the following:**

	YES	NO
① I understand the medicines I am required to take, along with my refills.	<input type="checkbox"/>	<input type="checkbox"/>
② I understand my health condition(s).	<input type="checkbox"/>	<input type="checkbox"/>
③ I understand the symptoms to pay attention to after I leave.	<input type="checkbox"/>	<input type="checkbox"/>
④ I understand what actions to take if symptoms occur after I leave.	<input type="checkbox"/>	<input type="checkbox"/>
⑤ I have access to the appropriate equipment for my health condition(s).	<input type="checkbox"/>	<input type="checkbox"/>
⑥ I have transportation arranged for my discharge.	<input type="checkbox"/>	<input type="checkbox"/>
⑦ I have all my personal belongings (dentures, hearing aids, glasses, cellphone, charger, cane, meds, and money).	<input type="checkbox"/>	<input type="checkbox"/>

**ESTIMATED DISCHARGE WINDOW:**

## NOTES | GOALS | QUESTIONS



**NEXT STEPS to DISCHARGE**

# TRAVEL AND TRANSPORTATION

## 5



You prepare for and depart the hospital to travel to your next place of care.

Discuss your transportation arrangements with your Care Team.

Keeping in mind discharges can take longer than expected, allow some flexibility in your travel. Ensure your source of transportation is updated as you receive information before making the final arrangements to depart.

- ☐ Confirm your means of transportation and determine your pick-up time
- ☐ Based on any conversations you had with staff, ensure that your next living environment or home is prepared for your transition



## NOTES | GOALS | QUESTIONS



**NEXT STEPS to DISCHARGE**

# ARRIVAL AND LIFE AFTER HOSPITALIZATION

6



At your next place of care or back at home, follow through on your discharge instructions.

Below are items to help you think about transitioning from your hospital stay.

- 
- ☐ Before you leave the hospital, confirm with staff that your address and telephone numbers are current and accurate for future communications and follow-up
  - ☐ Follow any instructions you may have received for your care after hospitalization

## NOTES | GOALS | QUESTIONS



**NEXT STEPS to DISCHARGE**

## FOLLOW-UPS

7



A staff member will call you to follow-up within 24-48 hours.

Please ensure we have the proper phone number to reach you for a follow-up call, especially if you are going to a temporary location immediately after your stay.

In the upcoming weeks you may have an appointment scheduled with your Primary Care Provider or Specialist.

- 
- ☐ Refer to the back cover of this document to see your key follow-up contacts and information
  - ☐ Provide a telephone number to be reached for your follow-up call

## NOTES | GOALS | QUESTIONS



**NEXT STEPS to DISCHARGE**

# OUTPATIENT CARE TEAM



**HOSPITAL:**  
**DEPARTMENT:**



**PRIMARY CARE  
TEAM**



**24/7  
HOTLINE**



**OUTPATIENT  
SOCIAL WORKER**



**OTHER**



# TYPES OF FACILITIES FOR DISCHARGE

During your hospital stay you may be evaluated by a Physical or Occupational Therapist and their assessment can determine what kind of rehabilitation would help you the most. Listed below are types of environments that may be recommended for you on a short-term basis. We will do our best to arrange your transfer to your preferred location that offers the level of care that you need.

**Home Care:** Being in your own surroundings with people you love is often the most healing environment. If your condition at discharge is stable enough for home with short term assistance, we can arrange services such as a home health aide, home respite, nursing, and physical or occupational therapy in your home.

**Skilled Nursing Facilities (SNF):** Along with 24/7 nursing care, SNFs also provide physical and occupational therapy. You will be provided with a list of available SNFs to choose from. Your family is encouraged to visit the facilities you are most interested in. There are several in the community and we will do our best to locate the SNF closest to your home.

**SAVAHCS Community Living Center (CLC):** Our CLC provides the same care and service as a community SNF. Unfortunately, beds are not always available when a Veteran is being discharged. Your recovery is very important. When the CLC is full we will encourage and arrange transfer to a SNF to avoid delaying your rehabilitation.

## PAYER SOURCES

**VA:** VA SNF Care is available for Veterans who require short- or long-term care because of a service-connected disability, or Veterans who are highly service-connected. Veterans who are determined by VA to be disabled by an injury or illness that was incurred or aggravated during active military service are service-connected. If you have a VA recognized service connection, it will be listed in your SAVAHCs medical record.

**Personal Insurance:** Most health care insurance companies offer SNF coverage. Your personal plan may contract directly with certain SNFs. Your inpatient team will contact your health insurance provider to learn about any copayments you may have and the length of time that will be covered.

**Medicare:** Medicare pays for SNF care for the first 21 days each year without copayment. After 21 days in a single year, you may be charged a copayment of \$170.00 per day. If your stay exceeds 21 days, you are encouraged to discuss payment options with the SNF business office. You may be able to set up a payment plan.

**Arizona Health Care Cost Containment System (AHCCCS):** AHCCCS, often pronounced "access", is Arizona's Medicaid program for low income individuals. AHCCCS has a long-term care program called Arizona Long Term Care (ALTC) for low income individuals who also have qualifying permanent medical conditions that significantly affect activities of daily living. A social worker at the SNF can help you apply for AHCCCS or ALTC.

## NOTES | GOALS | QUESTIONS



**NEXT STEPS to DISCHARGE**

# What is SHEP?



**The Survey of Healthcare Experiences of Patients (SHEP) is conducted to improve our patients' experiences by asking for your feedback after receiving care from VA.**



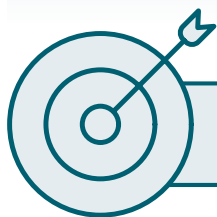
You may receive a SHEP survey online or in the mail asking about your health care experiences.



Your feedback helps VA better understand your patient journey.



By completing these surveys, we hope to improve the health care experiences of all our patients. You and your families are our first priority.



***Help us improve your care!***

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**VA**



**U.S. Department  
of Veterans Affairs**

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Southern Arizona VA Health Care System (SAVAHCS)